MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08707 08701

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
John	Albert	Talbert	June	14	69	5 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
Male	Cauc.	5/21/84	85 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
MD.	USA		Mtgmy. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Takoma Park	WS+ Hosp.	Navy Yard	U.S. Gov't.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD	Montgomery	S.S.	YES ☒ NO ☐	14600 Claude Lane

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John		Talbert	unknown		Masson

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes (no) or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
		578-03-2065	Maude B. Talbert	14600 Claude Ln.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary insufficiency	1-2 hrs.
DUE TO, OR AS A CONSEQUENCE OF (b)	arteriosclerotic heart disease	
DUE TO, OR AS A CONSEQUENCE OF (c)	with congestive failure	3-4 yrs.

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
multiple open decubitus ulcers, debilitated condition

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Jan 1969	Fx left hip	YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from _____, 1969, to 6-14, 1969, that (I) (we) last saw the deceased alive on 6-12-1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
John R. Spencer	MD	☒	☐	☐	6-14-69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
John R. Spencer, M. D.	Burtonsville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	June 18, 1969	Cedar Hill Cemetery	Suitland, Maryland

FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
C. Glen Carter	8434 Georgia Avenue	DATE JUN 18 1969	Charles Judge
Warner E. Pumphrey, Inc.,	Silver Spring, Md.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (Rev. 45M - 1-69)

08708
Weight – 2lbs 13oz.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08702

1. DECEASED-NAME (Type or print) First: INFANT	Middle:	Last: TAYLOR	2a. DATE OF DEATH Month: JUNE Day: 20 Year: 1969
2b. HOUR: 9:55 A.M.	3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 6/20/69
6. AGE (In years last birthday): — YRS. IF UNDER 1 YEAR: MONTHS: DAYS: IF UNDER 24 HRS.: HOURS: MIN.: 17			
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U-S-A	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: MONTGOMERY Md.
10. CITY OR TOWN OF DEATH: BETHESDA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.):	12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: VERMONT	13b. COUNTY: ADDISON	13c. CITY OR TOWN: EAST MIDDLEBURY	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: GENERAL DELIVERY			
14. FATHER'S NAME, First: WILLIAM	Middle: ARTHUR	Last: TAYLOR	15. MOTHER'S MAIDEN NAME First: NANCY Middle: HAYES Last: HORTON
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes give war or dates of service): —	16b. SOCIAL SECURITY NO.: —	17. INFORMANT: GRAND MOTHER	Address: BETHESDA 5913 ROSSMORE DR.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity • Malaena Neon.
771.1
DUE TO, OR AS A CONSEQUENCE OF (b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 6/20, 19 69, to 6/20, 19 69, that (I) (we) last saw the deceased alive on 6/20 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Moises Steren	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 6/20/69	
22d. PHYSICIAN'S NAME (Type): MOISES STEREN	22e. ADDRESS: 50 E. Edmonston Rd. Rockville, Maryland		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-24-69	23c. NAME OF CEMETERY OR CREMATORY: Gate of Heaven Cem.	23d. LOCATION (City or Town) (County) (State): Silver Spring, Maryland
24. FUNERAL DIRECTOR: ROBERT A. PUMPHREY, Bethesda, Maryland	ADDRESS	25a. REC'D BY REGISTRAR DATE: JUN 24 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08709 08703

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Walter	Middle: E.	Last: Thiele	2a. DATE OF DEATH Month: June	Day: 2	Year: 1969	2b. HOUR: 2:00 PM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Oct. 15, 1917	6. AGE (In years last birthday): 51 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Nebraska	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md.				
10. CITY OR TOWN OF DEATH: Takoma Park	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington Sanitarium & Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Engineer	12b. KIND OF BUSINESS OR INDUSTRY: Electronics				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Silver Spring	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 13117 Marigold Lane			
14. FATHER'S NAME First: Theodore	Middle: -	Last: Thiele	15. MOTHER'S MAIDEN NAME First: Clara	Middle: -	Last: Leurkhe Md.		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: Yes	(If yes give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 520-05-6771	17. INFORMANT (Wife): Ruth J. Thiele	Address: 13117 Marigold Ln., Silver Sp.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pulmonary insufficiency 2o to Pleural effusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: > 2 days.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Laenec Cirrhosis — 7 1 yrs.

DUE TO, OR AS A CONSEQUENCE OF (c): Alcoholism. — 25 yrs.

5710

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Anasarca, Cachexia, Bilateral Bronchopneumonia

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes.
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from May 30, 19 69, to June 1st, 19 69, that (I) (we) last saw the deceased alive on June 1st 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Hugo G. Graziani MD. for Dr. Samuel Kemble	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 6/2/69	
22d. PHYSICIAN'S NAME (Type): HUGO G. GRAZIANI MD.	22e. ADDRESS: 1001 Georgia Ave	S.S. 07A	

23a. BURIAL, CREMATION, REMOVAL (Spesify): Burial	23b. DATE: June 5, 1969	23c. NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery	23d. LOCATION (City or Town): Bladensburg,	(County)	(State) Maryland
24. FUNERAL DIRECTOR: C. Glen Carter Warner E. Pumphrey, Inc.,	ADDRESS: 8000 Georgia Avenue Silver Spring, Md.	25a. RECD BY REGISTRAR DATE: JUN 10 1969	25b. REGISTRAR'S SIGNATURE		

VR A15 ND 45M - 1-69

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

08710

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08704

1. DECEASED-NAME (Type or Print)	First: Mable	Middle: Virginia	Last: Thomas	2a. DATE OF DEATH: KNOWN ☒ ESTIMATED ☐	Month: June	Day: 3	Year: 1969	2b. HOUR: 11 55 AM			
3. SEX: Female	4. RACE: C	5. DATE OF BIRTH: Jul 29 1938	6. AGE (In years last birthday): 40 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month: June	Day: 3	Year: 69	2d. HOUR: 11 55 AM		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery Md.								
10. CITY OR TOWN OF DEATH: Rockville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY: Domestic								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Rockville	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 203 Frederick Ave.							
14. FATHER'S NAME: First: Roger	Middle: S.	Last: Williams	15. MOTHER'S MAIDEN NAME: First: Francis	Middle: C.	Last: Brown						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Hazel Offutt (Sister)	ADDRESS: 41 Mark Dr Rockville Md								

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound, chest
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):

965X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year: HOUR A.M. 1055 P.M. 6/3 1969	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Shot in chest & lower abdomen By Brother in law
21d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: 207 Frederick Ave. Rockville Montgomery Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined manner ☐

ACTUAL SIGNATURE: John D. Ball M.D.
EXAMINER'S NAME (Type)
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: June 3, 1969.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6/7/69	23c. NAME OF CEMETERY OR CREMATORY: Gate of Heaven	23d. LOCATION (City or Town) (County) (State): Silver Spring Md.
24. FUNERAL DIRECTOR: Robert L. Snowden	ADDRESS: Rockville Md.	25a. REC'D BY REGISTRAR DATE: JUN 10 1969	25b. REGISTRAR'S SIGNATURE: Edwards Judge

VR A15ME (2)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08711

CERTIFICATE OF DEATH

08705

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Viola	Middle Winafred	Last THOMPSON
2a. DATE OF DEATH Month Day Year	JUNE 26 1969		2b. HOUR 7:50 AM
3. SEX	FEMALE		
4. RACE	WHITE		
5. DATE OF BIRTH	2-28-92		
6. AGE (In years last birthday)	77 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country)	Grasonville (Yards Store)		
7b. CITIZEN OF WHAT COUNTRY?	American		
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐			
9. COUNTY OF DEATH	MONT. COUNTY		Md
10. CITY OR TOWN OF DEATH	TACOMA PARK		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	WASH. SAN. & HOSP.		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	HOUSEWIFE		
12b. KIND OF BUSINESS OR INDUSTRY	xx		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.		
13b. COUNTY	Queen Anns		
13c. CITY OR TOWN	Grasonville		
13d. INSIDE CITY LIMITS? YES ☒ NO ☐			
13e. STREET AND NUMBER	xx		
14. FATHER'S NAME First	Columbus	Middle	Last Parks
15. MOTHER'S MAIDEN NAME First	Minnie	Middle	Last Chesser
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	NO		
16b. SOCIAL SECURITY NO.			
17. INFORMANT Address	MRS. ALMA LOPEZ Daughter	Grasonville, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	1) arteriosclerotic heart disease and	yrs
DUE TO, OR AS A CONSEQUENCE OF (b)	complete heart block	3days
DUE TO, OR AS A CONSEQUENCE OF (c)	Cerebral vascular accident due to atherosclerosis	15 hrs.
	Post operative heart failure due to atherosclerosis	

4123

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	25 Jun 69	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	Heart block
20a. AUTOPSY? YES ☐ NO ☒		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While at work ☐ Not while at work ☐		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 24 JUNE, 1969, to 26 JUN, 1969, that (I) (we) last saw the deceased alive on 26 Jun 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Gene V. Aaley, MD	DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 26 Jun 1969
22d. PHYSICIAN'S NAME (Type)	Gene V. Haley	22e. ADDRESS	WASH. SAN. & HOSPITAL

23a. BURIAL, CREMATION, REMOVAL (Specify)	BURIAL	23b. DATE	JUNE 29 1969	
23c. NAME OF CEMETERY OR CREMATORY	STEVENSVILLE	23d. LOCATION (City or Town) (County) (State)	STEVENSVILLE	MD.
24. FUNERAL DIRECTOR	Lane Funeral Home, Church Hill, Maryland	ADDRESS		
25a. RECD BY REGISTRAR DATE	JUL 1 1969	25b. REGISTRAR'S SIGNATURE	Charles Judge	

VR A15 (4) 45M - 1-69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08712 08706

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print) First: Thomas	Middle: Luther	Last: Tinsley, Jr.	2a. DATE OF DEATH Month: 6 Day: 1 Year: 69
2b. HOUR A.M. P.M.: 4:40			

3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS HOURS / MIN.
Male	White	9-19-19	49 YRS		

7a BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Mississippi	U.S.A.	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Montgomery Md.

10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
Silver Spring	Holy Cross	Telephone Work	Telepho... Md.

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b COUNTY	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET AND NUMBER
Md.	Pr. Georges	Hyatts.	YES [X] NO [ ]	5903 15th Ave. Hyatts.

14. FATHER'S NAME First	Middle	Last	15 MOTHER'S MAIDEN NAME First	Middle	Last
Thomas	Luther	Tinsley	Oreita	Esther	Tucker

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b SOCIAL SECURITY NO	17. INFORMANT	Address
Yes	W.W. II	578-03-0[illegible]	Mary A. Cortinas 5903 Fifteenth Ave. Hyatts	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min.
DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Heart Disease — 5 years
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 1/ , 19 69, to 6/1 , 19 69, that (I) (~~we~~) last saw the deceased alive on 5/28 19 69, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~aid~~) (did not) view the body after death

22b. SIGNATURE	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	22c DATE SIGNED
[signature]		[X]	[ ]	[ ]	6/1/69 Md.

22d. PHYSICIAN'S NAME (Type)	22e ADDRESS
Hugh Grey	11161 New Hampshire Ave., Silver Spring,

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
Burial	June 3, 1969	Sunset Mem. Gardens	Fredericksburg, Virginia

24 FUNERAL DIRECTOR	ADDRESS	25a RECD BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc.	8434 Ga. Ave. Sil Spg. Maryland	JUN 5 1969	[signature]

VR A15 (4)
30M REV 1/68

1

08713 Frank Tolotta

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08707

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Frank		Tolotta	June	28	69	2:45 P.M.

3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Male	W.	2/14/92	77 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Italy	USA		Montgomery Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Silver Spring Md.	Holy Cross	Retired CHEF	Hotel

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Md.	Mont. Co.	Sil. Spg.		615 University Blvd.

14 FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Vincent		Tolotta	Rose		Vaccaro

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17 INFORMANT	Address
No	- - -	465578-07-6376A	Rose Tolotta (Wife)	615 University Blvd. E. Silver Spring Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF
(b) Emphysema, Asthmatic, severe
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 472X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Arteriosclerotic Cardiovascular Disease

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from June 7, 19 69, to June 28, 19 69, that (I) (~~we~~) last saw the deceased alive on June 28 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS ☒	M.E. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Bernard A Fitzgerald	MD				6-28-69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
BERNARD A. FITZGERALD	217 Univ. Blvd E. Silver Spring, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	July 1, 1969	Ft. Lincoln Mausoleum	Bladensburg, Maryland

24. FUNERAL DIRECTOR (Name)	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
C. Glen Carter Warner E. Pumphrey, Inc.,	8434 Georgia Avenue Silver Spring, Md.	JUL 2 1969	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

Items 18-22a Film 414
7-3-69 ams

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08714 **MEDICAL EXAMINER'S CERTIFICATE OF DEATH** 08708

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PMC Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

1 DECEASED-NAME (Type or Print) First: Patricia	Middle:	Last: Updike	2a DATE OF DEATH KNOWN ☐ ESTIMATED ☒ Month: 6	Day: 10	Year: 69	2b HOUR: 3P M		
3 SEX: Female	4. RACE: White	5. DATE OF BIRTH: 5/30/28	6. AGE (In years last birthday): 41 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c DATE PRONOUNCED DEAD Month: 6	Day: 10	Year: 19 69	2d HOUR: 3P M
7a. BIRTHPLACE (State or foreign country): Indiana	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Montgomery						Md
10. CITY OR TOWN OF DEATH: Silver Spring	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): housewife	12b KIND OF BUSINESS OR INDUSTRY: ...						
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Montgomery SS	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 1022 Tracy Dr. SSMd.					
14. FATHER'S NAME First: Patrick	Middle: Kain ~~Kains~~	Last:	15. MOTHER'S MAIDEN NAME First: Verne	Middle:	Last: Jones				
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 328 24 8140	17. INFORMANT: husb/ Warren J Updike	ADDRESS: 1022 Tracy Dr. SSMd.						

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac tamponade due to
DUE TO, OR AS A CONSEQUENCE OF
(b): gunshot wound through heart
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day Year HOUR AM 2:45 PM 6/10 19 69	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Deceased shot through heart with 22 cal. bullet.

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home	21f. LOCATION Street or R.F.D. No	City or Town	County	State
		1022 Tracy Dr.	Silver Spring	Montg.	Md.

22a **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M D

EXAMINER'S NAME (Type): BELDEN R. REAP M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, number, city or county): [illegible]

22b DATE SIGNED: June 10, 1969

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
Burial	6-14-69	Cedar Hill Cemetery	Suitland, Md.

24 FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
Francis J. Collins	500 University Blvd. W. Silver Spring, Md.	JUN 17 1969	[illegible]

VR A15ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08715

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08709

FOR STATE HEALTH DEPT.

1 DECEASED-NAME (Type or Print) First: ANTHONY Middle: (ALBERTO) Last: VALENTINO

2a DATE KNOWN OF DEATH ESTIMATED ☐ Month 6 Day 4 Year 69 — 2b HOUR 835 A.M.

3 SEX: Male — 4 RACE: Cauc. — 5 DATE OF BIRTH: MAR. 11 04 — 6 AGE (in years last birthday) 65 YRS — IF UNDER YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

2c DATE PRONOUNCED DEAD Month 6 Day 4 Year 69 — 2d HOUR 835 A.M.

7a BIRTHPLACE (State or foreign country): New York — 7b CITIZEN OF WHAT COUNTRY?: U.S.A. — 8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Silver Spring — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Ordnance — 12b KIND OF BUSINESS OR INDUSTRY: Naval Ord. Lab.

13a USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) STATE: Maryland — 13b COUNTY: Montgomery — 13c CITY OR TOWN: Silver Spring — 13d INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e STREET AND NUMBER: 1016 Tanley Road

14 FATHER'S NAME First Middle Last: unknown — 15 MOTHER'S MAIDEN NAME First Middle Last: unknown

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If yes give war or dates of service): WW I & II — 16b SOCIAL SECURITY NO: 116-07-9697 — 17 INFORMANT: Mary Sue Valentino — ADDRESS: 1016 Tanley Rd., Sil. Spr. Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Insufficiency
DUE TO, OR AS A CONSEQUENCE OF (b): Coronary Artery Heart Disease
DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Pulmonary Emphysema

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e PLACE OF INJURY (At home, farm, street factory, office building, etc.) — 21f LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Belden R. Reap M.D.
EXAMINER'S NAME (Type): BELDEN R. REAP M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): Frederick
22b DATE SIGNED: JUNE 4, 1969

23a BURIAL CREMATION REMOVAL (Specify): Burial — 23b DATE: June 9, 1969 — 23c NAME OF CEMETERY OR CREMATORY: Baltimore National Cem. — 23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland

24 FUNERAL DIRECTOR (Name): Warner E. Pumphrey, Inc. — ADDRESS: 8434 Georgia Avenue, Silver Spring, Md.

25a RECD BY REGISTRAR DATE: JUN 10 1969 — 25b REGISTRAR'S SIGNATURE: Wilmer Judge

VR A15ME (5) 10M REV. 1-68

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

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08716

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08710

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print): First: Infant; Middle: Boy; Last: Vann

2a. DATE OF DEATH: Month: June; Day: 25; Year: 1969

2b. HOUR: 9 AM/PM

3. SEX: male

4. RACE: White

5. DATE OF BIRTH: June 25, 1969

6. AGE (In years last birthday): — YRS. IF UNDER 1 YEAR: MONTHS: DAYS: IF UNDER 24 HRS.: HOURS: 11 MIN: 25

7a. BIRTHPLACE (State or foreign country): Mont.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Bethesda

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Mont.

13c. CITY OR TOWN: Rockville

3d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: P.O. Box # 75

14. FATHER'S NAME First: Curtis Middle: Last: Vann

15. MOTHER'S MAIDEN NAME First: Charlotte Middle: Last: McDonald

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b. SOCIAL SECURITY NO

17. INFORMANT: Mother's Chart Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Intracerebral Hemorrhage

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b): Ruptured Centrum cerebelli

DUE TO, OR AS A CONSEQUENCE OF (c): Prematurity

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 6/25, 19 67, to 6/25, 19 67, that (I) (we) last saw the deceased alive on 6/25 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: William N Sterling M.D. DEGREE: ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☑

22c. DATE SIGNED: 6/26/69

22d. PHYSICIAN'S NAME (Type): William N Sterling M.D.

22e. ADDRESS: 4720 Battery Blvd Chevy Chase Md

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

23b. DATE: 6-27-69

23c. NAME OF CEMETERY OR CREMATORY: SUBURBAN HOSPITAL

23d. LOCATION (City or Town) (County) (State): BETHESDA, MONTG. MD.

24. FUNERAL DIRECTOR: Amelia C. Carter, Admin. ADDRESS: Bethesda Md

25a. RECD BY REGISTRAR DATE: JUN 30 1969

25b. REG STRAR'S SIGNATURE: Wesley Snyder

VR A15 45M - 1-69

7720

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08717

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08711

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First LUCY; Middle P.; Last VERLIERE
2a. DATE OF DEATH: Month June; Day 23; Year 1969
2b. HOUR: 2 30 P M
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: NOV. 22, 1876
6. AGE (In years last birthday): 92 YRS; IF UNDER 1 YEAR: MONTHS 7, DAYS 1; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): BELGIUM
7b. CITIZEN OF WHAT COUNTRY?: FRANCE
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. COUNTY OF DEATH: MONTGOMERY Md.
10. CITY OR TOWN OF DEATH: KENSINGTON
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Carroll Hall Sanitarium Kensington, Md.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY: AT HOME
13a. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: D.C.
13b. COUNTY: ----
13c. CITY OR TOWN: WASHINGTON
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 4710-UPTON STREET N.W.
14. FATHER'S NAME: First ALFRED; Middle; Last VERLIERE
15. MOTHER'S MAIDEN NAME: First ADRIENNE; Middle; Last SAILLET
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): ----
16b. SOCIAL SECURITY NO.: 219-54-9635
17. INFORMANT: (Daughter) Address: 4710-Upton ST -MRS. VIOLETTE THOUVENIN-N.W., Wash. DC

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Failure — APPROX. INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
DUE TO, OR AS A CONSEQUENCE OF (b): Coronary Thrombosis — 6 hrs.
DUE TO, OR AS A CONSEQUENCE OF (c): Hypertensive heart disease & Congestive heart failure — 3 yrs.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 4100

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Generalized Arteriosclerosis.

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 1965, 19__, to 6/23, 1969, that (I) (we) last saw the deceased alive on 6/21 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: S.A. Thomas — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 6/23/69
22d. PHYSICIAN'S NAME (Type): S.A. Thomas MD.
22e. ADDRESS: 4301 48th St N.W., Washington D.C.

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~: Burial
23b. DATE: June 26/69
23c. NAME OF CEMETERY OR CREMATORY: CAUCADE CEMETERY
23d. LOCATION (City or Town) (County) (State): NICE, France

24. FUNERAL DIRECTOR: Hysong Funeral Home, 1300-N St. NW, Wash. D.C.
ADDRESS
Per: S. Thomas M. Hysong
25a. RECD BY REGISTRAR DATE: JUN 24 1969
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15 (4)
30M REV. 1/68

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08718

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08712

1 DECEASED-NAME (Type or Print)	First: Maurice	Middle:	Last: Vogel					2a. DATE OF DEATH: KNOWN ☐ ESTIMATED ☒	Month: 6	Day: 27	Year: 1969	2b. HOUR: 3:15 PM
3 SEX: male	4. RACE: white	5 DATE OF BIRTH: 12/27/06	6. AGE (In years last birthday): 62 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.			2c. DATE PRONOUNCED DEAD: Month: June	Day: 27	Year: 1969		2d. HOUR: 3:37 PM
7a BIRTHPLACE (State or foreign country): Indiana	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐				9. COUNTY OF DEATH: Montgomery. Md						
10 CITY OR TOWN OF DEATH: Bethesda	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban	12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): Salesman	12b KIND OF BUSINESS OR INDUSTRY: auto									
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Ohio	13b COUNTY: Hamilton	13c CITY OR TOWN: Cincinnati	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: 4371 - West 8th. St.								
14 FATHER'S NAME: First: William C	Middle:	Last: Vogel	15. MOTHER'S MAIDEN NAME: First: Marie	Middle:	Last: Chapman							
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): No	16b SOCIAL SECURITY NO: 317-01-1652	17 INFORMANT: Harold E. Davis	ADDRESS: LaSalle Apts. Rockville, Md								

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Insufficiency Acute. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden.
DUE TO, OR AS A CONSEQUENCE OF
(b): Cardio Vascular Disease. — —
DUE TO, OR AS A CONSEQUENCE OF
(c):

4124
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John G. Ball M.D.
EXAMINER'S NAME (Type): John G Ball
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): Bethesda, Md
22b DATE SIGNED: June 27, 1969

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
Burial	7-1-69	St. Josephs Cemetery	Cincinnati, Ohio

24 FUNERAL DIRECTOR	ADDRESS	25a REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Robert A Pumphrey	7557 Wisconsin Ave Bethesda, Md	JUL 2 1969	Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1 68

1

08719

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08713

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	First: JAMES	Middle: Joseph	Last: WALSH	2a DATE OF DEATH Month: 6 Day: 26 Year: 1969	2b HOUR: 9:19 A.M.
3 SEX: MALE	4 RACE: WHITE	5 DATE OF BIRTH: 12-2-1898	6 AGE (In years last birthday): 70 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: MONTGOMERY Md		
10 CITY OR TOWN OF DEATH: BETHESDA	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SUBURBAN	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): EXECUTIVE GLASS Co.	12b KIND OF BUSINESS OR INDUSTRY: CHAIRMAN of BOARD.		
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b COUNTY: ANNE ARUNDEL	13c CITY OR TOWN: CROFTON	13d INSIDE CITY LIMITS? YES [X] NO [ ]	13e STREET AND NUMBER: 1554 FARLOW AVENUE	
14. FATHER'S NAME First: MATTHEW	Middle	Last: Walsh	15. MOTHER'S MAIDEN NAME First: HELEN	Middle: Kennedy	Last
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): NO	16b SOCIAL SECURITY NO: 216-24-4665	17 INFORMANT: Mrs. Dorothy L. Walsh	Address: same as blk 13e		

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): METASTATIC CARCINOMA LIVER — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

DUE TO, OR AS A CONSEQUENCE OF

(b): CARCINOMA PANCREAS — 5 months

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. / City or Town / County / State	

22a **I certify** that (I) ~~(this hospital)~~ attended the deceased from February, 1969, to 6/26, 1969, that (I) ~~(we)~~ last saw the deceased alive on 6/26 1969, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b SIGNATURE: J. Blaine Fitzgerald M.D. — ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS [ ] — 22c. DATE SIGNED: 6/26/69.

22d PHYSICIAN'S NAME (Type): J. Blaine FITZGERALD — 22e ADDRESS: Bethesda Maryland.

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b DATE: 30 JUNE 1969	23c NAME OF CEMETERY OR CREMATORY: GATE of HEAVEN Cem.	23d LOCATION (City or Town) (County) (State): WHEATON, MARYLAND	
24 FUNERAL DIRECTOR: LANHAM FUNERAL HOME	ADDRESS: Robert H. Beall	25a RECD BY REGISTRAR DATE: JUN 30 1969	25b REGISTRAR'S SIGNATURE: Charles Judge	

VR A15 (4) 45M 1-69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08720 08714

1 DECEASED NAME (Type or print) First: Blanche Middle: (none) Last: Ward

2a DATE OF DEATH: Month June Day 6 Year 1969 — 2b HOUR: 2:45 AM

3. SEX: Female

4 RACE: White

5. DATE OF BIRTH: May 18, 1887

6 AGE (In years last birthday): 82 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): Missouri

7b CITIZEN OF WHAT COUNTRY? America

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Takoma Park

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Washington San + Hosp.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution Resident before admission) STATE: District of Col.

13b COUNTY: V

13c CITY OR TOWN: Washington

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 3817 V Street, SE

14 FATHER'S NAME First: Greene Middle: Lost: Richardson

15 MOTHER'S MAIDEN NAME First: Jane Middle: Last: Dazier

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service): —

16b SOCIAL SECURITY NO: 506-05-7324

17 INFORMANT: Pr's. Chasr Address:

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Inanition — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months

1830

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b): Inability to Eat — 2 months

DUE TO, OR AS A CONSEQUENCE OF (c): adenocarcinoma left ovary — 6 mos

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION:

19b CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a AUTOPSY? YES ☐ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While ☐ at work Not while ☐ at work

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from May 7, 1969, to June 6, 1969, that (I) ~~(we)~~ last saw the deceased alive on June 5 1969, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)(did)~~ (did not) view the body after death

22b SIGNATURE: W W Baxtman DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: June 6, 1969

22d PHYSICIAN'S NAME (Type)

22e ADDRESS

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 6/10/69

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town) (County) (State): Chanute, Kansas.

24 FUNERAL DIRECTOR AND ADDRESS: Robert E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Md.

25a REC'D BY REGISTRAR DATE: JUN 10 1969

25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M 1/69

-1

08721

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08715

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Bruce	Richardson	WARE	June	8	69	800P M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
Male	Caucasian	March 1, 1914	55 YRS.		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH		
New York	USA		Montgomery Md.		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY		
Bethesda	Naval Hospital	U. S. Navy	N/A		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
Maryland	Montgomery	Bethesda	YES ☐ NO ☒	5900 Wilmett Road	
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Bruce	Richardson Ware	Jr.	Nannie		Norris
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	If yes, give war or dates of service	16b. SOCIAL SECURITY NO	17. INFORMANT	Address	
Yes	1936-1957	215 38 4310	Mrs. Mary C. Ware,	5900 Wilmett Rd. Bethesda, Maryland	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute pulmonary edema

DUE TO, OR AS A CONSEQUENCE OF

(b) Hypertensive and arteriosclerotic cardiovascular

DUE TO, OR AS A CONSEQUENCE OF disease

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4122

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from May 26, 1969, to June 8, 1969, that (I) (we) last saw the deceased alive on June 8, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Peter T. Kirchner	DEGREE: ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒	22c. DATE SIGNED June 10, 1969	
22d. PHYSICIAN'S NAME (Type) Peter T. KIRCHNER, M. D.	22e. ADDRESS Naval Hospital, Bethesda, Maryland		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	6-12-69	Arlington National	Arlington	Virginia
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS		25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
Funeral Home, 7557 Wisconsin Ave., Bethesda, Md.		JUN 16 1969	Charles Juaza	

VR A15 (4) 45M 1/69

08722

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08716

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print) First / Middle / Last	Clara / B. / WEAVER	2a. DATE OF DEATH Month / Day / Year	June 11 69	2b. HOUR	445 P M
3. SEX	Female	4. RACE	Caucasian	5. DATE OF BIRTH	Dec. 28, 1878
6. AGE (In years last birthday)	90 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country)	Ontario, Can.	7b. CITIZEN OF WHAT COUNTRY?	USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	
9. COUNTY OF DEATH	Montgomery Md				
10. CITY OR TOWN OF DEATH	Bethesda	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Naval Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	Housewife
12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	Maryland	13b. COUNTY	Montgomery	13c. CITY OR TOWN	Bethesda
13d. INSIDE CITY LIMITS? YES ☐ NO ☐		13e. STREET AND NUMBER	6401 Orchid Drive		
14. FATHER'S NAME First / Middle / Last	James / A. / Sharpe	15. MOTHER'S MAIDEN NAME First / Middle / Last	Jane / Vandervoot		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown (If yes give war or dates of service)	NO	16b. SOCIAL SECURITY NO	None	17. INFORMANT Address	Bethesda Md. Mrs. Harriet Z. Weaver, 6401 Orchid Dr.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Bilateral Broncho Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	June / 11 June

22a. I certify that (I) (this hospital) attended the deceased from 2:10PM 11/, 19 69, to 445 P.M/, 19 69, that (I) (we) last saw the deceased alive on June 11 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	✓ Ashton Lynd Graybiel	DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☒	22c. DATE SIGNED June 12, 1969
22d. PHYSICIAN'S NAME (Type)	A. L. Graybiel, M. D.	22e. ADDRESS	Naval Hospital, Bethesda, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b. DATE	6-14-69	23c. NAME OF CEMETERY OR CREMATORY: Erie Cemetery
23d. LOCATION (City or Town) (County) (State)	Erie Penn.			
24. FUNERAL DIRECTOR ADDRESS	Robert A. Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Md.	25a. REC'D BY REGISTRAR	JUN 18 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 45M 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08723

CERTIFICATE OF DEATH

08717

1621

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED-NAME (Type or print): First MARY Middle W. Last West

2a. DATE OF DEATH: Month 6 Day 18 Year 1969

2b. HOUR 8:30 p M

3 SEX: FEMALE

4. RACE: CAUCASION

5. DATE OF BIRTH: Oct. 6, 1899

6. AGE (In years last birthday): 69 YRS

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS: HOURS MIN

7a. BIRTHPLACE (State or foreign country): KENTUCKY

7b. CITIZEN OF WHAT COUNTRY? UNITED STATES

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: MONTGOMERY Md.

10. CITY OR TOWN OF DEATH: WHEATON

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RANDOLPH HILLS NURSING HOME 4911 Randolph Rd.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): housewife

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived before admission) STATE: 6809 - Laurel St.

13b. COUNTY

13c. CITY OR TOWN: Washington D.C.

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 6809 Laurel St.

14. FATHER'S NAME First GEORGE Middle Last Thompson

15. MOTHER'S MAIDEN NAME First SUSAN ALICE Middle Last WATSON

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.

17. INFORMANT Randolph Hills Nursing Home Address: Ruth Kuhlmann 4911 Randolph Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): Disseminated carcinoma of lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 months
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Multiple bowel and lung surgeries probably from cerebral metastases

19a. DATE OF OPERATION: 2.14.69

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of lung - left lower lobe

20. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 2-1, 1969 to 6-18, 1969, that (I) ~~(we)~~ last saw the deceased alive on 6-14 69, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death

22b. SIGNATURE: Jason Gelber, M.D. DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 6-18-69

22d. PHYSICIAN'S NAME (Type): JASON GELBER, M.D.

22e. ADDRESS: 800 PERSHING DRIVE SILVER SPRING, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: June 21 1969

23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill

23d. LOCATION (City or Town) Anacostia (County) (State) D.C.

24. FUNERAL DIRECTOR: Arthur Walters

ADDRESS: 454 Carroll St., N.W. Wash., D.C. 20012

25a. RECEIVED BY REGISTRAR DATE: JUN 23 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 45M 1-69

Cleared with medical examiner

1

08724

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08718

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

1. DECEASED (Type or print) First: EMMA Middle: PEARL Last: WILKINSON
2a. DATE OF DEATH Month: 6 Day: 5 Year: 69
2b. HOUR: 9:35 AM
3. SEX: FEMALE
4. RACE: White
5. DATE OF BIRTH: 3-26-77
6. AGE (in years last birthday): 92 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): IOWA
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery County Md
10. CITY OR TOWN OF DEATH: Silver Spring, Md
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Holy Cross Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Spring
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 13302 Elwood Lane
14. FATHER'S NAME First: GILBERT Middle: / Last: BUCK
15. MOTHER'S MAIDEN NAME First: MARGARET Middle: Last: GRIFFIN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service):
16b. SOCIAL SECURITY NO: 217-34-1283 A
17. INFORMANT: DAUGHTER - MRS. WILLIAM RAY Address: 13200 ELWOOD SILVER SPRING Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): SHOCK — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 Hrs
DUE TO, OR AS A CONSEQUENCE OF (b): GENERALIZED PERITONITIS — 48 Hrs
DUE TO, OR AS A CONSEQUENCE OF (c): PERFORATION DUODENAL ULCER — 3 DAYS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

5321

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from JUNE 3, 1969, to JUNE 5, 1969, that (I) ~~(saw)~~ last saw the deceased alive on JUNE 4 1969, and that in (my) ~~(our)~~ opinion death occurred at the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ ~~(did not)~~ view the body after death.

22b. SIGNATURE: John P. Haberlin M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 6-5-69
22d. PHYSICIAN'S NAME (Type): JOHN P. HABERLIN
22e. ADDRESS: 1015 Spring Silver Spring Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE, 9, 1969
23c. NAME OF CEMETERY OR CREMATORY: MT ZION
23d. LOCATION (City or Town) (County) (State): BETHESDA MONT Md.
24. FUNERAL DIRECTOR: ROBERT A. PUMPHREY ADDRESS: 7507 WISC AVE BETHESDA Md.
25a. REC'D BY REGISTRAR DATE: JUN 9 1969
25b. REGISTRAR'S SIGNATURE: Kathryn Judge

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08725 — 08719

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M 1/69

1 DECEASED-NAME (Type or print) First: John	Middle: R.	Last: Williams Jr.	2a. DATE OF DEATH Month: June Day: 2 Year: 1969 — 2b HOUR: 5 M
3 SEX: Male	4 RACE: White	5. DATE OF BIRTH: July 2, 1898	6. AGE (In years last birthday): 70 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a BIRTHPLACE (State or foreign country): New York	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Silver Spring	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 928 Wayne Avenue # 302	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Adm. Ass't.	12b KIND OF BUSINESS OR INDUSTRY: Plastics Corp.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b COUNTY: Montgomery	13c. CITY OR TOWN: Silver Spring	13d INSIDE CITY LIMITS? YES [X] NO [ ] — 13e STREET AND NUMBER: 928 Wayne Avenue # 302
14. FATHER'S NAME First: John	Middle	Last: Williams	15. MOTHER'S MAIDEN NAME First: Harriet — Middle — Last: Ward
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	16b. SOCIAL SECURITY NO (If yes give war or dates of service): 066-01-1754B	17 INFORMANT: Edna Williams (Wife)	Address: 928 Wayne Ave., Silver Spring, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage
DUE TO, OR AS A CONSEQUENCE OF (b): Hypertension
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 428 X
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): None

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No. — City or Town — County — State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from ____, 19__ to June 2, 1969, that (I) (~~we~~) last saw the deceased alive on June 2, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b SIGNATURE AND DEGREE: [signature] — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ] — 22c DATE SIGNED: June 2, 1969

22d PHYSICIAN'S NAME (Type): John S. Rogers, MD — 22e ADDRESS: 1919 Seminary Rd., Silver Spring, Maryland

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 10, 1969	23c. NAME OF CEMETERY OR CREMATORY: Geo. Washington Memorial Pk.	23d. LOCATION (City or Town): Paramus,	(County) (State): New Jersey
24 FUNERAL DIRECTOR: Warner E. Pumphrey, Inc., Smith J. Frutt	ADDRESS: 8434 Georgia Avenue, Silver Spring, Md.	25a. RECD BY REGISTRAR DATE: JUN 10 1969	25b. REGISTRAR'S SIGNATURE: [signature] Judge	

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08726

CERTIFICATE OF DEATH

08720

1. DECEASED NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b HOUR
Russell	Harrison	Williams	June 9, 1969	7:58 A.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / M'N
Male	White	June 28, 1894	74 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Md.	USA	WIDOWED [X]	Montgomery Md

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Germantown	RFD # 1	Clerk- Post Office	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Montgomery	Germantown	YES / NO [X]	RFD # 1

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Thomas	William		Virginia		Reese

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
Yes	W.W.# 1	577-42-6699	Donald H. Williams, Germantown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Recurrent Cerebral Thrombosis	2 hours?
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 4124	DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Arteriosclerosis	? Years
	DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic Cardiovascular Disease ?	Years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
None		YES / NO	

21a. ACCIDENT WAS UNDERLYING / OR CONTRIBUTING / CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from June 9, 1969 to June 9, 1969, that (I) (WE) last saw the deceased alive on June 9, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (WE) (did) (did not) view the body after death.

22b. SIGNATURE AND DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
M. McKendree Boyer, M.D.	[X]			June 9, 1969

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
M. McKendree Boyer, M.D.	9701 Church Street, Damascus, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	June 11, 1969	Arlington National	Ft. Myer, Va.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Olin L. Molesworth,	Damascus, Md.	JUN 11 1969	K Charles Quigley

17 08727

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08721

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First DONALD Middle E. Last WILLIAMSON
2a. DATE OF DEATH: Month 6 Day 9 Year 69
2b. HOUR
3. SEX: Male
4. RACE: Cauc.
5. DATE OF BIRTH: 3-23-09
6. AGE (In years last birthday): 60 YRS
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HRS: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Ohio
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Bethesda, Montgomery
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 5909-Kingsford Pl.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY: Gov't
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Bethesda, Md.
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Bethesda
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 5909-Kingsford Pl.
14. FATHER'S NAME First Ezra Middle E. Last Williamson
15. MOTHER'S MAIDEN NAME First Ida Middle Last Page
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: Yes (If yes give war or dates of service): WWII
16b. SOCIAL SECURITY NO: 058-10-3190
17. INFORMANT: Mrs. W.F. Williamson (Wife) Address: 5909-Kingsford Pl., Bethesda, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Coronary Occlusion, Acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 min.
4100
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): Acute gastroenteritis, severe — 18 hours.
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
1) Hypertension, mod severe 2) Diabetes Mellitus, moderate

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from ____, 19 49, to June 9, 19 69, that (I) (~~we~~) last saw the deceased alive on June 9 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death

22b. SIGNATURE: Stewart Clapp M.D. DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: June 9 1969
22d. PHYSICIAN'S NAME (Type): Stewart Clapp M.D.
22e. ADDRESS: 5415 Cedar Lane Bethesda Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): XXXX
23b. DATE: 6-12-69
23c. NAME OF CEMETERY OR CREMATORY: Arlington, Cemetery
23d. LOCATION (City or Town) (County) (State): Arlington Va.

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: 7557-Wisconsin Ave., Bethesda, Md.
25a. REC'D BY REGISTRAR DATE: JUN 16 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08728

CERTIFICATE OF DEATH

08722

1538

1 DECEASED NAME (Type or print): First SARAH Middle Last WILSON

2a. DATE OF DEATH: Month JUN Day 19 Year 69

2b HOUR: 4 02 PM

3 SEX: F

4. RACE: Negro

5 DATE OF BIRTH: July 4 1902

6 AGE (In years last birthday): 66 YRS.

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS.: HOURS MIN

7a BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: Montgomery Md

10 CITY OR TOWN OF DEATH: Silver Spring

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Sylvan Manor Health Care Center

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

12b KIND OF BUSINESS OR INDUSTRY

3a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md

13b COUNTY: Montg

13c CITY OR TOWN: Rockville

3d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: Ashley Ave

14 FATHER'S NAME First Middle Last: EDWARD BELL

15 MOTHER'S MAIDEN NAME First Middle Last: LOUISA TAYLOR

16a WAS DECEASED EVER IN U.S ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)

16b SOCIAL SECURITY NO.

17 INFORMANT Address: Mrs ETHEL HALL (sister)

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a): Ingestion

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b): Carcinomatosis

DUE TO, OR AS A CONSEQUENCE OF (c): Cancer - Ca Colon - Pelvis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f LOCATION Street or R.F.D No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Apr 24, 19 69, to Jun 17, 19 69, that (I) (we) last saw the deceased alive on Jun 16 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert T. Thibadeau DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: Jun 17 69

22d PHYSICIAN'S NAME (Type): ROBERT T. THIBADEAU

22e ADDRESS: 11,000 OLD GEORGETOWN RD.

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b DATE: 6/20/69

23c NAME OF CEMETERY OR CREMATORY: Lincoln Park

23d LOCATION (City or Town): Rockville Md.

24 FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville, Md.

25a REC'D BY REGISTRAR DATE

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 4-1
45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08729 08723

FOR STATE HEALTH DEPT.

1 DECEASED NAME (Type or Print): First Otis Middle Theodore Last Wingo

2a DATE KNOWN OF DEATH ESTIMATED ☒: Month 6 Day 12 Year 1969 — 2b HOUR 8:05 P.M.

3 SEX: Male — 4 RACE: White — 5 DATE OF BIRTH: 9/26/11 — 6 AGE (in years last birthday): 57 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

2c DATE PRONOUNCED DEAD: Month June Day 12 Year 1969 — 2d HOUR 8:?? P.M.

7a BIRTHPLACE (State or foreign country): Arkansas — 7b CITIZEN OF WHAT COUNTRY? U.S.A. — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9. COUNTY OF DEATH: Montgomery Md

10. CITY OR TOWN OF DEATH: Bethesda — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) — 12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md. — 13b COUNTY: Mont. — 13c CITY OR TOWN: Bethesda — 13d INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e STREET AND NUMBER: 5004 - 46th Ray Avenue

14. FATHER'S NAME: First Otis Middle T. Last Wingo — 15 MOTHER'S MAIDEN NAME: First Effie Middle Gene Last Beale

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): No. — 16b SOCIAL SECURITY NO: 124-12-2068 — 17 INFORMANT: Ethel Gillespie Wingo — ADDRESS: wife

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): ~~XXXXXXXXX~~ Cardiac arrythmia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
(b): Cardio vascular disease — years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF
(c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day Year HOUR A.M P.M 19 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f LOCATION Street or R.F.D. No / City or Town / County / State

22a **I certify** that I took charge of the remains described above, held on Autopsy ☒, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: John G. Ball M.D.
EXAMINER'S NAME (Type): JOHN G. BALL
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): Bethesda, Md.
22b DATE SIGNED: June 13, 1969

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 6-16-69 — 23c NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery — 23d LOCATION (City or Town) (County) (State): Washington, D. C.

24 FUNERAL DIRECTOR: ROBERT A. PUMPHREY — ADDRESS: Bethesda, Maryland — 25a RECD BY REGISTRAR: JUN 19 1969 — 25b REGISTRAR'S SIGNATURE: Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

Items 5, 6, &16 FilmG415 7/31/69 kk
Item 13 FilmG413 6/23/69 kk

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08724

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or print): First Frank Middle 08730 Last Wolfberg
2a. DATE OF DEATH: Month June Day 12 Year 1969
2b. HOUR: 2 1/2 PM
3. SEX: Male
4. RACE: white
5. DATE OF BIRTH: 3/15/1887
6. AGE (In years last birthday): 82 YRS. (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN)
7a. BIRTHPLACE (State or foreign country): Russia
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Montgomery Md
10. CITY OR TOWN OF DEATH: Bethesda
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Spring
13d. INSIDE CITY LIM TS? YES ☒ NO ☐
13e. STREET AND NUMBER: 508 Silver Spring Ave.
14. FATHER'S NAME: First Marcus Middle Last Wolfberg
15. MOTHER'S MAIDEN NAME: First UNKNOWN Middle Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 221-10-3316
17. INFORMANT: Daughter - Mrs. Allen Address: Route #4 Frederick, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): Bronchopneumonia — APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic heart disease
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4103

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from JUNE 11, 1969, to JUNE 12 19 69, that (I) (we) last saw the deceased alive on JUNE 11 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert C. DeMario MD DEGREE — ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒
22c. DATE SIGNED: 6/12/69
22d. PHYSICIAN'S NAME (Type): ROBERT C. DEMARIO
22e. ADDRESS: 5413 CEDAR LANE BETHESDA

23a. BURIAL, CREMATION REMOVAL (Specify): BURIAL
23b. DATE: June 13, 1969
23c. NAME OF CEMETERY OR CREMATORY: Washington National Cemetery
23d. LOCATION (City or Town) (County) (State): Suitland, Maryland
24. FUNERAL DIRECTOR: Donald M. Stein
ADDRESS: 232 Carroll St., N.W. Wash., D.C.
Hebrew Memorial Funeral Home
25a. RECD BY REGISTRAR: JUN 16 1969
25b. REGISTRAR'S SIGNATURE:

VR A15 (4) 45M 1/69

Item 23b Film G 111
7/3/69 llw

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08731 08725

1 DECEASED NAME (Type or print) First: Clifford	Middle: Lawrence	Last: WOLFSKILL	2a. DATE OF DEATH Month: June Day: 24 Year: 69 — 2b HOUR: 1020 P M
3 SEX: Male	4 RACE: Caucasian	5. DATE OF BIRTH: 5 Sept. 1907	6. AGE (In years last birthday): 61 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a BIRTHPLACE (State or foreign country): Missouri	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Montgomery Md.
10 CITY OR TOWN OF DEATH: Bethesda	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Naval Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): U. S. Army	12b KIND OF BUSINESS OR INDUSTRY:
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Virginia	13b COUNTY: Fairfax	13c CITY OR TOWN: Alexandria	13d INSIDE CITY LIMITS? YES [X] NO [ ] — 13e STREET AND NUMBER: 4901 Taney Avenue
14 FATHER'S NAME First: James	Middle: E.	Last: Wolfskill	15. MOTHER'S MAIDEN NAME First: Ethel	Middle: Ora	Last: POSEY
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: Yes (If yes give war or dates of service): 1942-62	16b. SOCIAL SECURITY NO: 441 09 9533	17 INFORMANT: Mrs. Margaret V. Wolfskill	Address: Taney Ave. Alexandria, Va. 4901		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): Carcinoma of Pancreas with Metastases
1579
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (X) (this hospital) attended the deceased from May 29, 1969, to Jun. 24, 1969, that (X) (we) last saw the deceased alive on June 24 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (X) (we) (did) (did not) view the body after death.

22b SIGNATURE: R. W. Virgilio — DEGREE: ATTENDING PHYS [ ] MED. DIRECTOR [ ] STAFF PHYS [X] — 22c. DATE SIGNED: 25 Jun. 69

22d PHYSICIAN'S NAME (Type): R. W. VIRGILIO, LCDR MC USN — 22e ADDRESS: Naval Hospital, Bethesda, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6/29/69	23c. NAME OF CEMETERY OR CREMATORY: ROSEHILL CEMETERY	23d LOCATION (City or Town) (County) (State): Brookfield, Missouri	
24 FUNERAL DIRECTOR: Everly-Wheatley — ADDRESS: 1500 W. Braddock Rd. Alexandria, Va.		25a RECD BY REGISTRAR DATE: JUN 30 1969	25b. REGISTRAR'S SIGNATURE: [illegible]	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 14
45M 1/69

1

Item7 & Item13 Film 413 6/16/69 kk

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08726

08782

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Page 4 may be retained by the hospital or attending physician.)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED-NAME (Type or print) First	Middle	Last	2a DATE OF DEATH Month	Day	Year	2b HOUR
Lena		Wolman	June	7	1969	420 PM

3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS HOURS	MIN
Female	White	April 15, 1896	73 YRS				

7a BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Russia	USA		Montgomery Md.

10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
Wheaton	Randolph Hills Nursing Home	HOUSEWIFE	

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b COUNTY	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET AND NUMBER
MD.	MONTGY.	Silver Spring WHEATON	YES ☒ NO ☐	12325 Hampshire Ave. 4411 RANDOLPH Rd.

14 FATHER'S NAME First	Middle	Last	15 MOTHER'S MAIDEN NAME First	Middle	Last
SIDNEY		ZUBATKIN	RHODA		

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b SOCIAL SECURITY NO	17 INFORMANT Address
	578-22-2543-D	Mrs Geo. Flax 4101 Tulane Dr. SS. Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebro-Vascular Accident	
DUE TO, OR AS A CONSEQUENCE OF (b)	Cerebral Arteriosclerosis	
DUE TO, OR AS A CONSEQUENCE OF (c)		

4377
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)	21f LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 1/14, 19 69, to 6/15, 19 69, that (I) (we) last saw the deceased alive on 6/25 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c DATE SIGNED
					6/7/69

22d PHYSICIAN'S NAME (Type)	22e ADDRESS
ALLAN B. COHAN	13515 Geo. Ave. SS. Md.

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
Burial	6/9/69	KING DAVID Mem Garden	FALLS CHURCH. Va.

24 FUNERAL DIRECTOR	ADDRESS	25a RECD BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
BERNARD DANZANSKY & SONS.	3501 14th St. N.W. WASH. D.C.	JUN 11 1969	Juanita Judge

VR A15 (4) 45M 1/69

1-

08733

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08727

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
JAMES	LAWRENCE	WRIGHT	June 10, 1969	2:30 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / M.N
Male	White	7-19-81	87 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH
W. VA.	USA		Montgomery Md

10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
Silver Spring	Holy Cross Hospital	CARNIVAL OWNER	AMUSEMENT

13a. U.S.A. RESIDENCE (Where deceased lived/if institution: Residence before admission) STATE	13b COUNTY	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER
W. VA.	JEFFERSON	Martinsburg	YES ☐ NO ☒	WASH. Hotel 233 N. Queen St

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
MICHAEL		WRIGHT	LUVENIA		BELTZ

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17 INFORMANT Address
NO	578122045	MRS HELEN WILSON UPPER MARLBORO, MD

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coma
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 4369

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Uremia Congestive Heart Failure GI Bleeding

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from May, 1969, to June 10, 1969, that (I) (we) last saw the deceased alive on June 10 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS ☑	MED. DIRECTOR ☐	STAFF PHYS ☐	22c. DATE SIGNED
R C Bufalino M.D					

22d. PHYSICIAN'S NAME (Type)	22e ADDRESS
R C BUFALINO M.D	SILVER SPRING, MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	14 JUNE 1969	ELMWOOD CEMETERY	SHEPHERDSTOWN W. VA

24 FUNERAL DIRECTOR	ADDRESS	25a REC'D BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
W.W. Chambers Co.	Riverdale, Md.	JUN 16 1969	

VR A15 (4)
30M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

2/3/19

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08734 — 08728

1 DECEASED NAME (Type or print)	First: Ruth	Middle: C.	Last: Wright	2a. DATE OF DEATH Month: 6 Day: 5 Year: 69	2b HOUR: 10:25 P.M.		
3 SEX: Female	4 RACE: White	5 DATE OF BIRTH: 8-12-1896	6 AGE (In years last birthday): 72 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN		
7a BIRTHPLACE (State or foreign country): Washington DC	7b. CITIZEN OF WHAT COUNTRY?: U.S.A	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery. Md.				
10. CITY OR TOWN OF DEATH: Bethesda.	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Suburban	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): R	12b KIND OF BUSINESS OR INDUSTRY				
13a USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: Md.	13b COUNTY: Montgomery	13c CITY OR TOWN: Rockville	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: 920 Crawford Drive.			
14 FATHER'S NAME First: Charles	Middle: W.	Last: TRAZZARE.	15 MOTHER'S MAIDEN NAME First	Middle	Last		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown: NO (If yes give war or dates of service)	16b SOCIAL SECURITY NO	17 INFORMANT: David N. Wright	Address: 2701 Cheverly Ave Cheverly Md				

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Cerebral hemorrhage, right hemisphere — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4311
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☒ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY, OFFICE BUILDING ETC)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from June, 1962, to June 5, 1969, that (I) (~~we~~) last saw the deceased alive on June 5, 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b SIGNATURE: Sidney J. Cohen	M.D. DEGREE	ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c DATE SIGNED: June 5, 1969
22d PHYSICIAN'S NAME (Type): Sidney J. Cohen	22e. ADDRESS: 50 W. Edmonston Dr, Rockville, Md.		

23a BURIAL, CREMATION REMOVAL (Specify): Burial	23b. DATE: 6/9/69	23c. NAME OF CEMETERY OR CREMATORY: Congressional Cemetery	23d. LOCATION (City or Town): Washington, D.C.	(County) (State)
24 FUNERAL DIRECTOR ADDRESS: Robert E. Wilhelm Funeral Home 4303-Suitland, Road, Suitland, Md.		25a RECD BY REGISTRAR DATE: JUN 10 1969	25b. REGISTRAR'S SIGNATURE: Wilhelm Judge	

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1

08735

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08729

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1. DECEASED-NAME (Type or print) First: Florence	Middle: W.	Last: WyCKoFF	2a. DATE OF DEATH Month: 6 Day: 15 Year: 1969		2b. HOUR: 12:05 PM
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 10/14/1889	6. AGE (In years last birthday): 79 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): New Jersey	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery County		Md.
10. CITY OR TOWN OF DEATH: Wheaton Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Randolph Hills Nsg Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution Res dence before admss on) STATE: Rockville, Md.	13b. COUNTY: Mont. Cty	13c. CITY OR TOWN: Rockville	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 1303 Abbott Rd.	
14. FATHER'S NAME First: Frank	Middle	Last: Wilbur	15. MOTHER'S MAIDEN NAME First: Fannie	Middle: Apple	Last: Wilbur
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Son James WyCKoFF	Address: 13522 Stoney St. Wheaton Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF (b): Atherosclerosis — many years
DUE TO, OR AS A CONSEQUENCE OF (c): Hypertension — many years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): Pulmonary Tuberculosis

19a. DATE OF OPERAT.ON	19b. CONDITION FOR WHICH OPERAT.ON WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from May 10, 1969, to June 15, 1969, that (I) (we) last saw the deceased alive on June 14 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John R Moore MD DEGREE — ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐ — 22c. DATE SIGNED: June 15, 1969

22d. PHYSICIAN'S NAME (Type) — 22e. ADDRESS: 570 N. Frederick Ave, Gaithersburg

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Cremation	6.16.69	Lee's Crematory	Washington D C

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Lee Funeral Home. 300 4th st N E	JUN 17 1969	Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08736 — 08730

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Michael		Zacker	June	25	1969	4:27 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	10/30/93	75 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Poland	U.S.A.	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Montgomery Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Bethesda	Suburban	Professor	Geology

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Mont.	Bethesda	YES ☐ NO ☐	5101 - Bingham Drive

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Andrew		Zacker	Rose	Rebmann	Hamburger

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
	321-30-1104	Nellie Zacker	Same as #5

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular collapse
DUE TO, OR AS A CONSEQUENCE OF (b) Criteria arteriosclerotic heart disease
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4123
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Senility & gastric ulcer

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☒ NO ☐	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from 5/26, 1969, to 6/25, 1969, that (I) ~~(we)~~ last saw the deceased alive on 6/25/69, and that in (my) ~~(our)~~ ~~opinion~~ death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
George H. Mitchell	M.D.	☒	☐	☐	6/26/69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
GEORGE H. MITCHELL	11125 ROCKVILLE PIKE, ROCKVILLE, MD

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	6-28-69	ST MARY'S CEMETERY	ROBBINSTON TOWNSHIP MONTGOMERY MD

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Francis Kaplan	500 Univ. Blvd. W. Silver Spring, Maryland	JUN 30 1969	

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45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08737 08731

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. When please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: MARY	Middle: G	Last: ZANTZINGER	2a. DATE OF DEATH Month: 6	Day: 23	Year: 69	2b. HOUR: 4 A.M.
3. SEX: Female	4. RACE: Cauc.	5. DATE OF BIRTH: April 27, 1876	6. AGE (In years last birthday): 93 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Wash., D. C.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Montgomery				Md.
10. CITY OR TOWN OF DEATH: Silver Spring	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Bel Pre Health Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Switchboard Opt.	12b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't. (Ret				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Silver Spring	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 9307 New Hampshire Ave			
14. FATHER'S NAME First: Unknown	Middle	Last	15. MOTHER'S MAIDEN NAME First: Mary	Middle: E.	Last: Gorman		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: Yes	(If yes give war or dates of service): WW I	16b. SOCIAL SECURITY NO.: 579-38-0429	17. INFORMANT Address: Mrs. Bernard Brown-12016 Milton St., Wheaton				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pulmonary insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF (b): Senility — years

DUE TO, OR AS A CONSEQUENCE OF (c): Generalized Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4450

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Dry gangrene of left foot

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 4-21, 1969, to 6-23, 1969, that (I) (we) last saw the deceased alive on 6-20, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Rafael C. Inclan MD		☐	☐	☒	6-23-69

22d. PHYSICIAN'S NAME (Type): RAFAEL C. INCLAN — 22e. ADDRESS: 3308 Dodge Park Road. Landover.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	June 25, 1969	Mt. Olivet Cemetery	Washington, D. C.	
24. FUNERAL DIRECTOR	ADDRESS	25a. RECD. BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
P. Smith Wainer E. Pumphrey, Inc.	8434 Georgia Avenue, Silver Spring, Md.	JUN 27 1969	Adeline Jones	

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